NORTHERN IRELAND MEDICINES MANAGEMENT
Pharmaceutical Clinical Effectiveness (PCE)

July 2024

Pharmaceutical Clinical Effectiveness (PCE) 2024 / 2025 — New Projects

The HSC Pharmaceutical Clinical Effectiveness (PCE) plan is comprised of initiatives which are based upon the principle that improvement in the quality and safety of medicines will lead to health gains and associated efficiencies.

Making efficiencies is especially important in this current financial climate where funding and resources are limited, in order to make the best use of our Health Service resources.

Delivery of improvements and efficiencies across the HSC requires collaborative support across the entire HSC. Hence it is vital that community pharmacists, GP practices and Trusts consider the implementation of actions as outlined in this bulletin, by focusing on medicines review and deprescribing.

This bulletin highlights new projects that have been added to the PCE plan for 2024/2025.

A copy of the full PCE plan and support materials are available on the Primary care intranet.

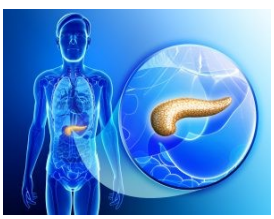
Actions for all initiatives:

- Ensure all prescribers and staff involved in prescription requests are made aware of information in this bulletin
- GP practices should communicate planned changes with local community pharmacies in advance, to allow consistent management of patient queries and to assist with stock management
- All healthcare professionals should provide direction and reassurance to patients whose prescription has been changed
- Pharmacies may wish to consider amending stock levels in line with planned changes or deprescribing initiatives
- To register as new member of PrescQIPP, select 'Department of Health Northern Ireland' as your organisation, this will allow access to all specified resources.

Diabetes initiatives

A Medicines Management newsletter supplement on diabetes can be found here (at bottom of web page). This includes a number of PCE projects relating to diabetes:

- Metformin: If not, why not?
- Cost-effective formulations of metformin
- Sitagliptin is now first line DPP4 inhibitor.



Initiatives

- Diabetes initiatives
- Proton pump inhibitors in paediatrics: review
- Esomeprazole — cost effective choice: **capsules**
- Cows' milk allergy formula: children aged 12 months and over: review
- Inhalers — cost-effective choices
- Oral Nutritional Supplements: review
- Melatonin in Primary Care: review
- Emollients - cost-effective and NI Formulary choices
- Do not prescribe ostomy deodorant sprays
- Antidepressants for Depression in Primary Care: review
- Sucralfate 1g tablets: review
- Magnesium products: Prescribe licensed products / Magnaspartate® first line choice
- Prescribe Ganfort® (bimatoprost, timolol) eye drops generically
- Peppermint oil capsules — cost-effective choices
- Gabapentin — cost effective choices
- Ondansetron — cost-effective choices
- Nebivolol tablets — cost-effective strengths

Proton pump inhibitors in paediatrics

Approximately £1.8 million is spent on omeprazole and lansoprazole oral suspensions in primary care each year. While a suspension may be needed in some patients, it is often not the best option.

Licensed suspensions of oral omeprazole are available, however there are limitations to the use of these products as they are only licensed up to a dose of 1mg/kg once daily and due to the mint flavouring used in these preparations they have been poorly tolerated in neonatal and paediatric patients.

Licensed lansoprazole liquid preparations are not available. Unlicensed specials can be ordered. However there is no Drug Tariff price for unlicensed specials and therefore cost can vary and can be high.

Within paediatrics, dispersible / orodispersible tablet and capsule formulations of proton pump inhibitors (PPIs) have been used successfully with little need for alternatives.

Currently a regional guideline is under development to standardise prescribing practice of PPIs, across primary and secondary care, whilst ensuring patients are given appropriate and effective treatments.

Key messages:

- There is evidence for the use of both omeprazole and lansoprazole in children and are both widely used in paediatrics
- Tablets are the preferred choice rather than liquid preparations, i.e. lansoprazole orodispersible tablets or omeprazole dispersible tablets, as per HSC Agreed List of Paediatric Liquid Medicines
- Omeprazole dispersible tablets and lansoprazole orodispersible tablets should be prescribed in doses rounded to the nearest whole / half / quarter tablet where possible:
  - ◊ Omeprazole to nearest 5mg
  - ◊ Lansoprazole to nearest 3.75mg
- SPPG leaflets on the administration of lansoprazole orodispersible tablets and omeprazole tablets to an infant or child are available on the NI Formulary website
- Only children who have a narrow enteral feeding tube or whose dose of omeprazole is less than 5mg should be prescribed a liquid formulation of omeprazole. If using lansoprazole via an enteral feeding tube, Zoton® Fas Tabs are preferred (due to smaller granule size and therefore less risk of tube blockage compared to some generics)
- The need for ongoing treatment with PPIs should be reviewed regularly and is particularly important for infant reflux, given the potential long-term risks of PPI use in children.

Esomeprazole cost-effective choice: capsules

Drug Tariff prices show there is a significant price difference between tablet and capsule formulations of esomeprazole.

Over £900,000 was spent last year in NI on esomeprazole tablets in primary care. If these had been prescribed as esomeprazole capsules we would have saved approximately £450,000 which could have been put to better use.

Product	Cost x 28 *(July 2024 Drug Tariff)*
Esomeprazole 20mg tablets	£3.83
Esomeprazole 40mg tablets	£3.81
Esomeprazole 20mg capsules	**£1.58**
Esomeprazole 40mg capsules	**£2.25**

As a result, esomeprazole capsules have been added to the Cost-effective choices (CEC) list.

Product		Cost-effective choice
Esomeprazole tablets	→	Esomeprazole capsules

Actions for GP practices:

- Prescribers should follow the NI Formulary for proton pump inhibitor prescribing and prescribe omeprazole or lansoprazole first line
- **Existing patients** on esomeprazole tablets (including branded preparations, e.g. Nexium®) should be switched, if appropriate, to **esomeprazole capsules**
- **New patients** initiated on esomeprazole should be prescribed **esomeprazole capsules**

Note: Capsules contain gelatin so may not acceptable to a small proportion of patients, e.g. vegans or some vegetarians

Cows' milk allergy formula: children aged 12 months and over: review

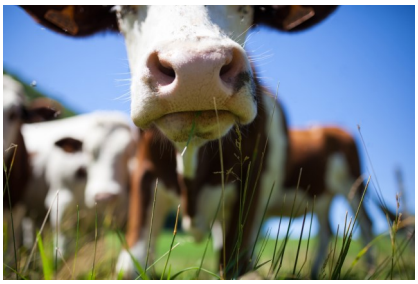


Image by wirestock on Freepik

Beyond 12 months of age the majority of children who have had a prior diagnosis of cows' milk allergy (CMA) should no longer be prescribed a specialised CMA formula and, where it is not yet appropriate to introduce cows milk containing foods, should transition to a shop-bought, plant based, milk substitute.

There are some instances where it will be appropriate to continue prescribing specialised CMA formula to children beyond 12 months of age. These children will already be under review by Trust Dietetic Services who will advise regarding specific care plans.

Instances where it may be appropriate to continue prescribing include:

- Multiple food allergies
- Elemental diet requirement
- Gastro-intestinal disorders
- Short bowel syndrome
- Children with confirmed CMA who also have poor growth / dietary intake.

By 12 months of age the majority of children who have had a prior diagnosis of CMA and have been managed on prescription formula will have had a dairy-free diet period of 6 months and will have been supported to progress through, or will currently be progressing through the Milk Ladder, and gradually re-introducing cows' milk containing foods back into the diet. Those children who have not completed the Milk Ladder should transition to a shop bought, plant-based, milk substitute fortified with calcium, vitamin D and iodine. Exceptions should be made for those children with more complex needs, as stated above.

Equality screening has been carried out and this recommendation is in line with the Scientific Advisory Committee on Nutrition's (SACN 2023) recommendation 12.4 *that Specialised formula, including low-allergy formula, are also usually not required after the first year of life.*

Actions for GP practices:

- Support existing families to progress through the Milk Ladder – link with local health visiting teams for input
- Review prescribing of CMA specialist formula for all children aged 12 months and over
- Stop prescribing of CMA specialist formula for all children aged 12 months and over ***with the exception of indications noted above under review by Trust Dietetic Services***
- Advise families that otherwise healthy children aged 12 months and over should switch to a shop bought, plant-based, milk substitute fortified with calcium, vitamin D and iodine

Actions for Community Pharmacies:

- Support families to progress through the Milk Ladder
- Advise families that otherwise healthy children aged 12 months and over should switch to a shop bought plant-based milk substitute fortified with calcium, vitamin D and iodine.

Cost-effective inhaler choices

- **Avenor® or Combisal® are recommended as cost-effective choices for fluticasone/salmeterol pressurised metered-dose inhalers (pMDIs) for asthma in patients 4 years+**
- **Acopair® or Tiogiva® are recommended as cost-effective choices for tiotropium dry powder inhalers (DPIs).**

Prescribing these inhalers, in preference to other brands or generic prescribing, could create efficiencies of £2.2 million per annum in NI (**Avenor® or Combisal®** £1.6 million per annum; **Acopair® or Tiogiva®** £600,000).

Actions for GP Practices:

- Prescribe these preferred brands for new patients
- Review all patients currently prescribed other brands and consider switching to one of these preferred brands where appropriate

SOPs have been developed to help practices identify suitable patients and they, along with sample patient letters, are available at: Respiratory – Primary Care Intranet (hscni.net).

Note: It is recommended that DPIs should be prescribed by brand to ensure patients receive the correct device for which they have been trained. Additionally, ***inhalation capsules for tiotropium products are not interchangeable,*** therefore generic prescribing could result in patients receiving the incorrect capsules for their device.

Oral Nutritional Supplements

In 22/23, almost £32 million was spent on nutritional products in Northern Ireland, with £8.8 million spent on adult oral nutritional supplements (ONS).

There are 7 suggested Steps to Appropriate Prescribing of Adult Oral Nutritional Supplements (ONS). Note: prescribing of ONS starts at **Step 5**.

Dry powdered ONS are the most cost-effective choice for primary care - 50% cheaper than ready-made supplements. A 15% change from ready made to powdered ONS could generate approximately **£150,000 in annual efficiencies.**

Formulary Choice	Cost-Effective Choice
Powdered ONS >1.5kcal/ml (make up with 200ml of whole milk)	**Aymes® Shake** **Ensure® Shake** **Foodlink® Complete**
Powdered ONS 2.4kcal/ml Compact Milkshake Style (make up with 100ml whole milk)	**Aymes® Shake Compact** **Foodlink® Complete Compact®**
Dry powder supplements are not suitable for all patients. Compact style ONS should NOT be prescribed without consideration to the patient's overall fluid balance and risk of dehydration and are usually recommended after dietetic assessment. Please refer to NI Formulary for more information.	

Ready-made ONS

If ready-made ONS products are required, use of cost-effective choices (Aymes® Complete, AltraJuce®/ Fortijuce®, and Altraplen® Compact) could generate efficiencies of approximately **£100,000 annually.**

Formulary Choice	Cost-Effective Choice
Ready Made ONS 1.5kcal/ml Milkshake style *	**Aymes® Actagain 1.5 Complete**
Ready Made ONS 1.5kcal/ml Juice Style	**AltraJuce®** **Fortijuce®**
Ready Made ONS 2.4kcal/ml Compact Milkshake style *	**Altraplen® Compact**
* If powdered ONS is NOT suitable	

A full ONS ready reckoner for Primary Care can be found on the Nutrition page of the Primary Care Intranet.

Fibre containing ONS (e.g. Ensure Fibre®), High Protein ONS (e.g. Fortisip Protein®), Dessert Style ONS (e.g. Nutricrem®) and Modular products (e.g. Calogen® and Pro-Cal®) should only be prescribed under the recommendation of a dietitian, or a health care professional with expertise in this area

Actions for GP Practices

- Ensure directions for use are clear, e.g. one sachet twice a day **between meals**.
- Prescribe a limited quantity initially (7-day supply) to reduce wastage and no more than a month's duration for subsequent prescriptions.
- Include ONS in all medication reviews
- Review any correspondence from Dietetics to determine if targets/goals have been met
- Review patients prescribed ONS with non-ACBS listed indication
- ONS products need to be taken at least twice per day to provide a sufficient nutritional boost. Review patients prescribed one supplement daily which has not been recommended by a Dietitian (300-330kcal can be easily met with 'food first' advice).
- If pattern reflects requesting on an 'ad hoc' basis, take off repeat, review to establish how patient is taking their ONS and if further use is clinically appropriate
- Discuss with patient switch to cost-effective ONS products, where appropriate.
- Signpost to making the most of your food/watch out for weight loss advice resources and oral nutrition support resources, where appropriate.

Actions for Community Pharmacies

- Discuss with patients requesting to purchase ONS or seeking nutritional advice, food fortification advice in line with the Seven Steps to Appropriate Prescribing of Adult ONS
- Signpost to making the most of your food/watch out for weight loss advice resources and oral nutrition support resources, where appropriate.

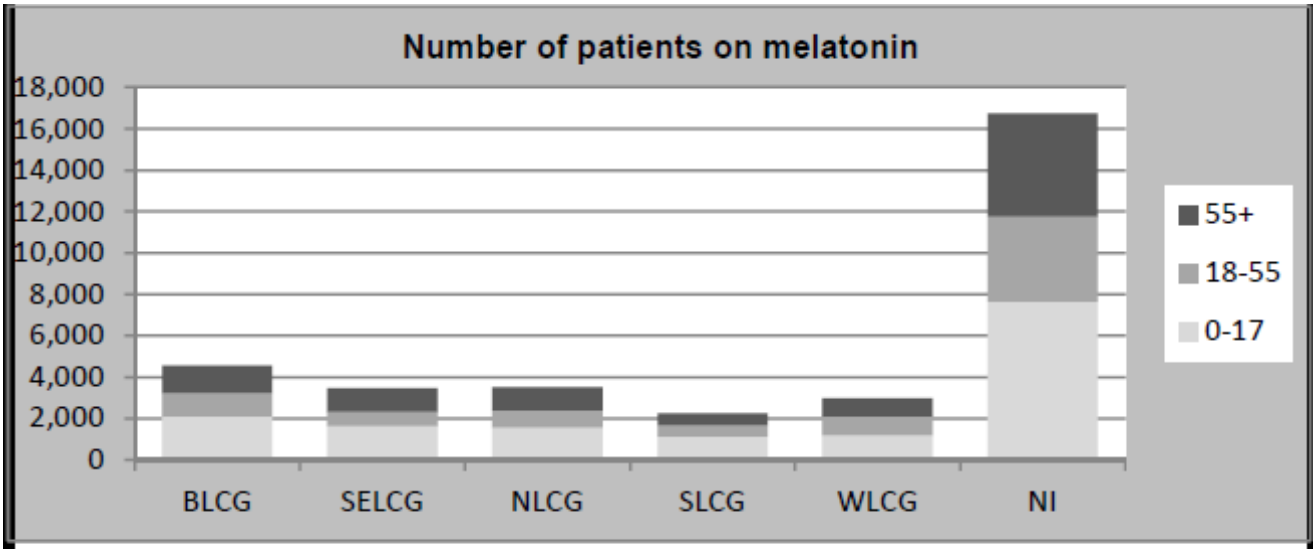
Review Prescribing of Melatonin in Primary Care

In Northern Ireland (NI) the number of melatonin items prescribed in primary care is significantly higher than any other region in the UK and continues to increase. There is a lack of large-scale, high-quality evidence to demonstrate the cost-effectiveness, and long-term efficacy and safety of melatonin for insomnia. It is therefore crucial that prescribing of melatonin initiated in primary care is reviewed to ensure that:

1. Any ongoing prescribing is clinically appropriate

2. Where prescribing is appropriate that a cost-effective product is selected

In NI melatonin is prescribed to patients of all ages. See below:



Actions for GP Practices — Paediatric patients:

- Prescribers should utilise the melatonin paediatric product selection guide to support and inform choice at initiation and review for paediatric patients and prescribe in line with Shared Care guidelines
- Switch all paediatric patients from Circadin® 2mg MR tablets to generic melatonin MR 2mg tablets
- Review all paediatric patients on melatonin IR capsules (licensed and unlicensed) to change to Adaflex® melatonin tablets.

Actions for GP Practices — Adult patients:

- Do not prescribe melatonin for jet lag
- Review melatonin and deprescribe where clinically appropriate. A deprescribing algorithm to support patient review is available from PrescQIPP. If the patient is under specialist review (e.g. Psychiatry, Learning disability, Memory team, Neurology) seek further advice.
- If treatment is clinically indicated:
  - ◊ Switch all adult patients from Circadin® 2mg MR tablets to generic melatonin MR 2mg tablets
  - ◊ Review all adult patients on melatonin capsules (licensed and unlicensed) to change to melatonin tablets.

Look out for the new melatonin indicators in your latest practice COMPASS report.

Actions for Community Pharmacists

- Assess melatonin stock levels in advance of potential prescribing change.
- Provide direction and reassurance to patients whose prescription has been changed. In particular, address any concerns a patient may have in respect of any change to the product now prescribed or the evidence base for stopping melatonin.
- GP practices and community pharmacists should refer to the relevant SPPG correspondence for further detail.

Emollients - cost-effective and NI Formulary choices

Emollients have a key role in the management of dry, itchy skin conditions such as eczema and psoriasis. There is no evidence that any one emollient is better than another but there is variability in patient response to treatment. The emollients of choice are therefore the least expensive ones that are effective, which the patient finds acceptable and is prepared to use.

Image by upklyak on Freepik

The NI Formulary choices for emollient preparations have been updated and a number of cost-effective options are now included from the Epimax® range.
As a reminder, prescribing of emollients for non-clinical cosmetic purposes is not recommended and should be reviewed. Mild dry skin can be managed via self-care.

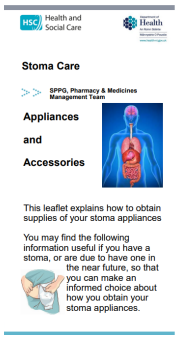
Emollient	Example	Cost per 500g or 500ml*	Cost-effective option	Cost per 500g*
Liquid paraffin 40%, yellow soft paraffin 30% ointment	*Epaderm® **ointment***	**£6.89**	Epimax® **ointment**	**£3.19**
White soft paraffin 13.2%, liquid paraffin light 10.5% cream	*Cetraben® cream*	**£6.29**	Epimax® ex**cetra** cream	**£3.15**
Colloidal **oatmeal**-containing cream	*Aveeno® cream (Note: ACBS)*	**£6.47** (dm+d)	Epimax® **oatmeal** cream	**£3.16**
** Drug Tariff price July 2024 unless otherwise stated*				

Actions for all

- Prescribe a cost-effective emollient for all new patients with a documented dermatological condition.
- Review patients currently prescribed emollients for appropriateness. Where continued use is clinically indicated switch to a cost-effective option, where possible.
- Provide advice on the safe use of emollients to all patients who are prescribed them.

Do not prescribe ostomy deodorant sprays

PrescQIPP guidance on prescribing for patients with a stoma has been adopted for use in NI. The guidance recommends that ostomy deodorants should not be routinely prescribed for people with a stoma as there is no clinical need. SPPG is working together with the NI Stoma Nurse Forum (SNF) to implement this guidance.



Stoma appliances and accessories are initially recommended by stoma nurses in secondary care following surgery. Communication was issued by SPPG to reinforce appropriate ordering arrangements for obtaining supplies of bags and accessories. A patient information leaflet is also available.

A letter was issued to GP practices, Trusts, community pharmacies and local direct appliance contractors (DAC) in June 2024, to advise that ostomy deodorant sprays should no longer be prescribed in NI. In advance of this, SPPG met with NI SNF and have written to patient representative bodies for people with a stoma to ensure they are fully aware of this change.

People with a stoma should be reassured that inexpensive air fresheners may be used to mask odour during changing or emptying bags. These can be purchased from any supermarket.

Further work

SPPG has met with the stoma nurses from each Trust to discuss future prescribing of stoma accessories in accordance with PrescQIPP guidance with the view to creating a NI stoma accessories formulary.
Any resulting changes to people's prescribed items will be communicated to Trusts and to primary care for implementation.

Action for GP practices:

- Search for and communicate with existing patients to inform them that ostomy deodorants sprays will no longer be prescribed and recommend that patients purchase these items or other suitable alternatives
- Remove ostomy deodorant sprays from repeat list on the clinical system for existing patients. See letter for list of ostomy deodorant sprays
- Do not prescribe ostomy deodorants for new patients

Action for Trusts:

- Clinic and / or discharge letters should no longer request ostomy deodorant sprays to be prescribed
- Advise patients of this change, e.g. at outpatient clinics, reassure patients and support this change to practice.

Review Prescribing of Antidepressants for Depression in Primary Care

Antidepressants have an important role in the therapeutic management of depression, when used appropriately in line with NICE NG222 Treatment and management of depression in adults.

However, antidepressant use may be considered inappropriate when:

- the antidepressant is not working
- the depression or anxiety has resolved
- the harms of the antidepressant outweigh the benefits
- the patient wants to stop taking the antidepressant
- the patient has experienced previous difficulties with withdrawing

Inappropriate use may lead to patient harm from problematic polypharmacy, adverse-effects, or both.

NICE guideline NG215 medicines associated with dependence or withdrawal symptoms advises using a shared decision making approach to discuss the deprescribing of antidepressants with the patient. Deprescribing in practice means, reducing the dose at a pace that is tolerable for the patient, which for some patients can mean tapering for several months or longer.

RESOURCES
Resources to support deprescribing of antidepressants (both for healthcare professionals and patients) are available at Specialist Pharmacy Services Website and the relevant section of the PrescQIPP IMPACT deprescribing tool.

Actions for GP practice:

- Review prescribing of antidepressants for depression in primary care to ensure it is in line with NICE NG222
- Use a shared decision-making approach to discuss deprescribing of antidepressants with patients, implementing where clinically appropriate and in line with NICE NG215
- Be familiar with the recommendations of the relevant associated NICE guidelines and resources to support deprescribing of antidepressants

Actions for community pharmacy:

- Provide support and advice as needed to those patients whose antidepressant medication is deprescribed
- Be familiar with the recommendations of the relevant associated NICE guidelines and resources to support

Sucralfate 1g tablets: review

Between July 2022 and June 2023, **£439,000 was spent in primary care on sucralfate 1g tablets for 203 patients.** Sucralfate is licensed for benign gastric and duodenal ulceration, chronic gastritis and prophylaxis of stress ulceration. Sucralfate tablets are only available as an unlicensed special order, which is expensive.

Actions for GP practices:

- Review all patients currently prescribed sucralfate tablets.
- Where this regimen has been initiated by secondary care and there is no specific guidance on treatment duration, contact the relevant consultant / Trust to seek this information. Do not stop treatment until you have confirmation from the Trust specialist.
- Where long-term treatment has been clearly indicated on previous communication, do not stop treatment with sucralfate.

Trust contact details for sucralfate tablet review only
Trust contact details can be found here

Before contacting your Trust point of contact please have the following information to hand. Hospital number, consultant, date when sucralfate was commenced, date of last GP tablet prescription (including dose and directions) and the date next sucralfate prescription due.

Actions for Trusts:

- New treatment requests to primary care for sucralfate tablets must include: treatment trial duration; advice on discontinuation if no improvement and indicate if for long term use is clinically appropriate
- Provide advice to primary care as to ongoing need of sucralfate in patients identified as having no review or advice on duration of sucralfate treatment.

Magnesium products: Prescribe licensed products / Magnaspartate® first line choice

Last year in NI, £338,000 was spent on oral magnesium products* in primary care, of which **£139,000 was spent on unlicensed food supplement** products (*excluding products used for the treatment of dyspepsia).

As per the NI Drug tariff vitamin and mineral preparations fall under ACBS recommendations and should only be prescribed in the management of actual or potential vitamin or mineral deficiency; they are not to be prescribed as dietary supplements or "pick-me-ups".

Licensed oral products for the treatment and / or prevention of magnesium deficiency

Magnesium product	Manufacturer	Licensed indication
Magnaspartate® 243mg powder for oral solution	Kora Healthcare SPC	Treatment and prevention of magnesium deficiency in adults and children aged 2 years and above.
Neomag® 4mmol chewable tablets	Neoceuticals Ltd. SPC	Treatment of patients (aged 4 years and above) with chronic magnesium loss or hypomagnesaemia as diagnosed by a doctor. Adult patients with hypomagnesaemia due to the concomitant administration of loop and thiazide diuretics or other drugs which cause hypomagnesaemia.
Magnesium Kora Healthcare 4 mmol (97mg) tablets	Kora Healthcare SPC	Treatment and prevention of magnesium deficiency in adults, adolescents and children aged from 12 years.
Magnesium 4mmol Chewable tablets	Colonis Pharma Ltd.	Currently unavailable

The licensed products are more cost-effective than some of the unlicensed products. Magnaspartate® is the most cost-effective licensed magnesium product for the treatment and prevention of magnesium deficiency and should be the first-line choice for new patients commenced on magnesium. Magnesium should only be prescribed for the management of an actual or potential deficiency.

Actions for GP practices: New patients

- Magnaspartate® should be the first line choice for patients newly started on oral magnesium for hypomagnesaemia.

Actions for GP practices: Existing patients

- Review all patients currently prescribed oral magnesium* for appropriateness of continued treatment.
- If magnesium is considered appropriate for continued treatment, prescribers should change suitable patients to the equivalent licensed product, if one is available.

Actions for community pharmacies:

- Where a licensed product is available this should be dispensed in preference to an unlicensed food supplement.

Image by Racool_studio on Freepik

Prescribe Ganfort® (bimatoprost, timolol) eye drops 0.3mg/ml / 5mg/ml generically

image: Freepik

Eye drops for glaucoma should be prescribed generically, including combination products, in line with Department of Health generic prescribing policy. A generic preparation of the brand Ganfort® (bimatoprost, timolol) has now been added to the NI Drug Tariff, and is available at a lower cost than the branded product. This switch has the potential to save over £50k.

Ganfort® 0.3mg/ml / 5mg/ml eye drops - **£14.16**	→	Bimatoprost 300micrograms/ml / Timolol 5mg/ml eye drops x 3ml - **£3.82**

Actions for prescribers

- For all new patients, prescribe as generic bimatoprost 300micrograms/ml / timolol 5mg/ml eye drops
- Review existing patients prescribed Ganfort® 0.3mg/ml / 5mg/ml eye drops and switch to the generic product, where appropriate.

Cost-effective choices

Peppermint oil capsules — cost-effective choices

There is a significant price difference between formulations of peppermint oil capsules.

Therefore peppermint oil capsules have been added to the Cost-effective choices (CEC) list. **This has the potential to generate over £80,000 of savings annually.**

Product	Cost x 84 *(Drug Tariff, July 2024)*
Colpermin® capsules	£15.50
Peppermint oil 0.2ml gastro-resistant modified release capsules	£15.50
Peppermint oil 0.2ml gastro-resistant capsules	£7.04

Product		Cost-effective choice
Peppermint oil 0.2ml gastro-resistant modified release capsules / Colpermin® capsules	→	Peppermint oil 0.2ml gastro-resistant capsules

Actions for GP practices:

- Prescribers should follow the NI Formulary for 'Antispasmodics and other drugs altering gut motility' and prescribe mebeverine first line
- Existing patients on peppermint 0.2ml gastro-resistant modified-release capsules (including branded preparations, e.g. Colpermin®) should be switched, if appropriate, to **peppermint oil 0.2ml gastro-resistant capsules**
- New patients initiated on peppermint oil capsules should be prescribed peppermint oil 0.2ml gastro-resistant capsules.

Gabapentin — cost-effective choices

Gabapentin 600mg and 800mg tablets are more expensive than using 2 x 300mg or 2 x 400mg capsules, to make the same dose.

Actions for GP practices:

- **Review** patients taking gabapentin 600mg or 800mg tablets for pain. Patients taking gabapentin for other conditions, or who are not yet at a stable dose or still titrating, should be excluded from this switch. Deprescribe /withdraw slowly in line with guidance where clinically appropriate.
- If treatment is to continue, **consider switching** to more cost-effective regimen:
  - ◊ Switch 600mg tablets to 2 x 300mg capsules
  - ◊ Switch 800mg tablets to 2 x 400mg capsules:

Cost (£) 28 days (*July 2024 Drug Tariff NI*)			
600mg three times a day		**800mg three times a day**	
600mg tablet	£6.27	800mg tablet	£18.26
2 x 300mg capsules	£4.03	2 x 400mg capsules	£5.10
Annual saving per patient			
£28.48		£167.32	

- Engage with patients and consider tablet burden as part of the process
- Ensure previous strengths have been removed from repeat medicines list to reduce the risk of prescribing error
- Ensure the correct dose and appropriate quantity are indicated on every prescription

Actions for Trusts:

- When prescribing a 600mg or 800mg dose of gabapentin use 2 x 300mg or 2 x 400mg capsules respectively as appropriate

Actions for Community Pharmacists:

- If a prescription is presented for 600mg or 800mg gabapentin tablets prescribed for pain, please remind the prescriber that it is currently more cost-effective for the Health Service to prescribe 2 x 300mg or 2 x 400mg capsules respectively.

Ondansetron — cost-effective choices

There is a significant difference in costs between oral ondansetron products as shown in the table below. Currently, the most cost-effective product for both strengths is the ordinary film coated tablet. If patients cannot manage ordinary tablets, the **orodispersible films** (*which are different from orodispersible tablets*) are currently the least expensive alternative. Orodispersible films should be placed on the tongue, allowed to disperse and swallowed.

Product	Price for 10 doses *
Ondansetron 4mg tablets x 10	**£1.80**
Ondansetron 4mg orodispersible films sugar free x 10	£28.50
Ondansetron 4mg/5ml oral solution sugar free x 50 ml	£29.92
Ondansetron 4mg orodispersible tablets x 10	£30.53
Ondansetron 8mg tablets x 10	**£3.37**
Ondansetron 8mg orodispersible films sugar free x10	£57.00
Ondansetron 8mg/5ml oral solution sugar free x 50 ml note: comes in a 100ml bottle costing £130.46	£65.23
Ondansetron 8mg orodispersible tablets x 10	£85.42
** NI Drug Tariff July 2024*	

Actions for GP practices:

- Select the most cost-effective product when prescribing for new patients (see current NI Drug Tariff)
- Search for and review adult patients currently prescribed non cost-effective ondansetron products: if there is a continued need consider if they could switch to a more cost-effective product where appropriate, in line with product licenses.

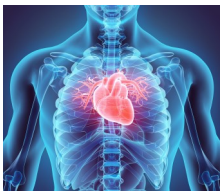
Actions for Community Pharmacists:

- Discuss with prescriber or practice pharmacist if you consider an alternative or more cost-effective formulation may be required/appropriate
- Counsel patients on the appropriate method of administration of the films.

Actions for Trusts:

- Select the most cost-effective product when prescribing for new patients (see current NI Drug Tariff).

Nebivolol tablets – cost-effective strengths



Nebivolol is a beta-blocker licensed for essential hypertension, hypertension in patients with renal failure and an adjunct in stable mild to moderate heart failure. Regionally there are on average 10,000 prescriptions issued every year for nebivolol, at a cost of approximately £900,000. Due to the high cost of 2.5mg and 10mg tablets, the 5mg tablet should be the first-choice for doses between 2.5mg and 10mg:

Nebivolol Dose	Price per 28 tablets (Drug Tariff July 2024)	Prescribe (where appropriate)
2.5mg	£9.23	**5mg** tablets: Take half a tablet daily
5mg	£3.43	**5mg** tablets: Take one daily
10mg	£36.95	**5mg** tablets: Take two tablets daily

Due to the *very high* cost of nebivolol 1.25mg tablets (£89.56 x 28 tablets), 2.5mg tablets should be prescribed with half a tablet dosing. NB: 1.25mg is the heart failure titration dose only.

Actions for GP practices:

- For new patients, prescribe the most cost-effective dose, taking into account patient capability and tablet burden
- Patients currently prescribed nebivolol should be reviewed to ensure they are on the most cost-effective dose.
- Review patients on nebivolol 1.25mg to ensure the patient is not inappropriately on the titration dose